

APPLICATION FOR COPY OF CIVIL UNION**CIVIL UNION**

New Hampshire Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, NH 03301-2410

OFFICIAL USE ONLY:
NUMBER
REQUESTED
ISSUED

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTO-COPY OF THE APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD [CLICK HERE](#).

PLEASE PRINT VERY CAREFULLY

PERSON A *(As listed on the N.H. Civil Union Certificate)*

NAME: _____
(FIRST) (MIDDLE) (LAST) *[maiden name if applicable]*

PERSON B *(As listed on the N.H. Civil Union Certificate)*

NAME: _____
(FIRST) (MIDDLE) (LAST) *[maiden name if applicable]*

Date Of Civil Union: _____ Place Of Civil Union: _____
(MM/DD/YYYY) (CITY/TOWN)

Purpose For Which Certificate Is Requested: _____

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.

Number of certified copies requested: _____ (First copy issued at \$12.00; each additional copy, \$8.00)

PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

Certificate(s) will be mailed to the following address:

PLEASE PRINT

Applicant's Name: _____
(FIRST) (MIDDLE) (LAST)

Applicant's Address: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant's Phone No.: _____ Email: _____
(AREA CODE & NUMBER)

Applicant's Signature: _____ Relationship To Registrants: _____
(Signature is required.)

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)